

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 9327

2 Fiscal Year Covered From

1 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name Sam H May

P O Box, Bldg, Room No, if any

Street 503 Westfield Place

City Jasper

State Tennessee ZIP Code + 4 37347

4 Name, file number, and address of labor organization

Name International Brotherhood of Boilermakers

Labor Organization File Number 000-074

P O Box, Building and Room Number, if any Suite 570

Street 753 State Avenue

City Kansas City

State Kansas ZIP Code + 4 66101

5 Position in labor organization

International Vice President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State Other ZIP Code + 4

7 a Nature of Interest, Transaction, or Income

7 b Amount

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Sam H May

On

8-10-05
Date

(423) 942-0126

Telephone Number

Name of Person Filing Sam May	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <input style="width: 80%;" type="text" value="Boilmaker Southeastern Area Joint App Comm"/></p> <p>Trade Name, if any <input style="width: 80%;" type="text" value="SAJAC"/></p> <p>P O Box, Bldg , Room No , if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="3715 Upper Creek Drive"/></p> <p>City <input style="width: 80%;" type="text" value="Ruskin"/></p> <p>State <input style="width: 20%;" type="text" value="Florida"/> ZIP Code + 4 <input style="width: 40%;" type="text" value="33573-6840"/></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg , Room No , if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 40%;" type="text"/></p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Area Apprenticeship Training</div> <p>11 b Approximate dollar value of such dealing <input style="width: 80%;" type="text" value="\$3,500,000"/></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>March 1-3, 2004 Quarterly Trustee Meeting, airfare, hotel, meals, etc</p> <p>Direct Expense Reimbursement</p> <p>Note Total includes continental breakfast furnished by SAJAC</p> </div> <p>12 b Amount <input style="width: 80%;" type="text" value="\$642"/></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg , Room No , if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 40%;" type="text"/></p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment <input style="width: 80%;" type="text"/></p>

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

\$954

13 b Is the Business an Employer ☐ **or Consultant** ☐ **?**

Name of Person Filing Sam May

File Number U-

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8 Name and address of Business (including trade name, if any)

Name Boilermaker Southeastern Area Joint App Comm

Trade Name, if any SAJAC

P O Box, Bldg, Room No, if any

Street 3715 Upper Creek Drive

City Ruskin

State Florida ZIP Code + 4 33573-6840

9 Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Area Apprenticeship Training

11 b Approximate dollar value of such dealing

\$3,500,000

12 a Nature of Interest held or Income receivedMay 10-13, 2004 - Quarterly Trustee Meeting, Airfare, Hotel, Meals, ETC
Direct Expense ReimbursementNote. Total includes continental breakfast
furnished by SAJAC**12 b** Amount

\$1,649

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant
(including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment

File Number U-

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12 b Amount	\$801
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14 b Amount of payment	
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Name of Person Filing Sam May

File Number U-

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Trade Name, if any SAJAC

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State Florida ZIP Code + 4 33573-6840

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Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Area Apprenticeship Training

11 b Approximate dollar value of such dealing

\$3,500,000

12 a Nature of interest held or income received

September 14-17, 2004 - Quarterly Trustee Meeting,
Airfare, Hotel, Meals, ETC
Direct Expense Reimbursement

Note. Total includes Reception/Banquet
Furnished by BNAP

12 b Amount

\$1,327

**C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value**

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment13 b Is the Business an Employer ☐ or Consultant ☐ ?**14 b Amount of payment**

Name of Person Filing Sam May

File Number U-

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☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Area Apprenticeship Training

11 b Approximate dollar value of such dealing

\$3,500,000

12 a Nature of interest held or income received.

September 30 - October 1, 2004 - Quarterly Trustee Meeting, Airfare, Hotel, Meals, ETC
Direct Expense Reimbursement

Note: Totals include continental breakfast
furnished by SAJAC

12 b Amount

\$442

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment